| Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with |                        |  |                 |                           |            |                        |                                       |                      | dment<br>Yes  | $\boxtimes$           | No           |
|---|------------------------|--|-----------------|---------------------------|------------|------------------------|---------------------------------------|----------------------|---|-----------------------|--------------|
| Do not use this form  | ierai re<br>to undi    | port and committee in<br>ate information   | ntormati        | ion, must be              | signed     | and subi               | mitted along with                     | other de             | etailed forms.  |                       |              |
| 1. Committee Inform   | several conductions of | russota (pessitante azertaros ensintarios en la comunidad de l |                 |                           |            |                        |                                       |                      | TWO TO CONTROL OF THE PARTY OF |                       |              |
| a. Full Name  | in services (see       | ADMINISTRATION OF THE PROPERTY | energona nga ng |                           |            |                        |                                       | c, 1                 | D Number  | Asset Sections        |              |
| CAMPAIGN TO EL  | ECT F                  | REDERICK WILLI   | AM CU           | TTER                      |            |                        |                                       |                      |   |                       |              |
| b. Mailing Address (inclu   |                        | , State and Zip Code)  |                 |                           |            |                        |                                       | d. I                 | Date Filed  |                       |              |
| 8318 UMSTEAD RO<br>FAYETTEVILLE, N  |                        | 04   |                 |                           |            |                        |                                       |                      | 11/19/2020  |                       |              |
| 17112112112112121   | 10 203                 | 0.1  |                 |                           |            |                        |                                       | e. P                 | hone Number   |                       |              |
|   |                        |  |                 |                           |            |                        |                                       |                      | 910-494-  | 1025                  |              |
| 2, Report Year  | 3. Per                 | iod Start Date (mm/d   | d/yy)           | 4. Period 1 (mm/dd/yy)    | End Da     | te                     | 5, Treasurer Fu                       | ll Nam               | e   |                       |              |
| 2020  |                        | 10/18/2020   |                 | 12/3                      | 1/2020     |                        | AMANDA ROS                            | SE TEA               | SLEY, CPA   |                       |              |
| 6. Type of Committe   |                        | eck One)   |                 | e of Report               | (с         |                        | ly one type of repo                   | rt from              | one category)   |                       |              |
| Candidate Campai  | ign _                  | Party  | Municip         |                           |            | State/Co               | · · · · · · · · · · · · · · · · · · · |                      | Terendum  |                       |              |
| PAC Independent   | L                      | Referendum   |                 | Organizational            |            |                        | Organizational                        |                      | Organizational  |                       |              |
| Expenditure  Legal Expense Fur  | nd [                   | Joint Fundraiser   |                 | Thirty-five day Quarterly |            |                        | Pre-referendun                        | 1                    |   |                       |              |
| 7. Type of Fund   | dicagniyo aasay oo Gaa | licable, check one)  | П               | Pre-primary               |            |                        | First                                 |                      | Final   |                       |              |
| "Booster Fund"  |                        |  | Ħ               | Pre-election              |            | Ħ                      | Second                                | 一一                   | Supplemental  | Final                 |              |
| Building Fund   |                        |  |                 | Pre-runoff                |            | П                      | Third                                 |                      | Annual  |                       |              |
|   |                        |  |                 | Semi-annual               |            | $\overline{\boxtimes}$ | Fourth                                |                      | Special   |                       |              |
|   |                        |  |                 | Mid Year                  | •          | 5                      | Semi-annual                           |                      |   |                       |              |
| Other:  |                        |  |                 | Year End                  |            |                        | Mid Year                              | 10.                  | Special Repo  | rt Nan                | ne           |
|   | versus sector and      |  |                 | Final Year End            |            |                        |                                       |                      |   |                       |              |
| 8. Number of Fundr  | aisers                 | this Report  |                 | Special                   |            | =                      | Final                                 |                      |   |                       |              |
| 11. Account Informa   |                        |  |                 |                           | 11 1       |                        | Special<br>nformation                 |                      |   |                       |              |
| a. Financial Institution F  |                        | e  |                 |                           | 9.3        |                        | tution Full Name                      |                      |   |                       |              |
| FIDELITY BANK   |                        |  |                 |                           | a          | iciai Ilisti           | ttuton run (vanie                     |                      |   |                       |              |
| b. Purpose  | 1                      | c. Account Code  |                 |                           | b. Purp    | ose                    |                                       | c.                   | Account Code  |                       |              |
|   |                        |  |                 |                           |            |                        |                                       |                      |   |                       |              |
|   |                        | d. Period Begin Balance  |                 |                           |            |                        |                                       | d.                   | . Period Begin Ba   | lance                 |              |
|   |                        | \$ 1,014.69  |                 |                           |            |                        |                                       | s                    |   |                       |              |
| CERTIFICATION   |                        |  |                 |                           |            |                        |                                       |                      |   |                       |              |
| I certify that the Com<br>the NC General Statu<br>is complete, true and   | ites and               | I that no funds are co   | mmingl          | ed with proh              | ibited o   | r other r              | non-disclosed fund                    | B, & 22<br>ls. I fur | 2D-22M of Cha<br>ther certify tha   | ipter 16<br>t this re | 3 of<br>port |
| _AMANDA I   |                        |  |                 |                           | J/K        |                        |                                       | 12/31                | 1/2020  |                       | <del></del>  |
| FOR OFFICE USE O  |                        | ed Name of Signer  |                 | 51                        | ignature o | t Appoint              | ed Treasurer                          |                      | Date  |                       |              |
| Date Received:  |                        | 1/4/20   |                 | Employee:                 |            | K                      | <u>T</u>                              | Deliv                | very Method<br>Normal Mail  |                       |              |
| Date Postmarked   | 1:                     |  |                 | Employee:                 |            |                        | 49 <del>1000_1000_1000</del>          |                      | Registered M<br>Hand Deliver  |                       |              |
| Date Scanned:   |                        |  |                 | Employee:                 |            |                        |                                       |                      | Electronically<br>Signer has no   | / Filed               | ved          |
| Date Data Entere  | ed:                    |  |                 | Employee:                 |            | <del></del>            |                                       | _ <del></del>        | mandatory tra   |                       |              |
|   |                        |  |                 |                           |            |                        |                                       |                      |   |                       |              |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment  $\boxtimes$ Yes No

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable)                | 2. Type of Report  |                  |             |  |  |
|--|--|------------------|-------------|--|--|
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER                     | THIRD QUARTE<br>DISCLOSURE RI  |                  |             |  |  |
|  |  | Total this       | Total this  |  |  |
| *  | 2020   | Reporting Period |             |  |  |
| 4) Cash on Hand at Start RECEIPTS                              |  | \$ 1,014.69      | \$ 0        |  |  |
| 5) Aggregated Contributions from Individuals                   | (CRO-1205)   | \$               |             |  |  |
| 6) Contributions from Individuals                              | (CRO-1203)   | \$ 2,166.78      | \$          |  |  |
| 7) Contributions from Political Party Committees               | (CRO-1210)   | \$ 2,100.78      | \$ 5,666.78 |  |  |
| 8) Contributions from Other Political Committees               | (CRO-1230)   | \$               | \$          |  |  |
| 9) Loan Proceeds   |  |                  | \$          |  |  |
| 10) Refunds/Reimbursements To the Committee                    | (CRO-1410)   | \$               | \$          |  |  |
| 11) Other Receipt Sources                                      | (CRO-1240)   | <u>\$</u>        | \$          |  |  |
| 11a) Interest on Bank Accounts                                 | (CRO-1250)   | \$               | S           |  |  |
| 11b) Contributions from Not-for-Profit Organizati              |  | \$               | \$          |  |  |
| 11c) Outside Sources of Income                                 | (CRO-1250)   | \$               | \$          |  |  |
| 11d) Legal Expense Fund – Other Sources                        | (CRO-1270)   | \$               | \$          |  |  |
| 11 e) Exempt Purchase Price Sales                              | (CRO-1265)   | \$               | \$          |  |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11  |  | \$               | \$          |  |  |
| EXPENDITURES   | c, 11a ana 11e)  | v                | \$          |  |  |
| 13) Disbursements  | and the second |                  |             |  |  |
| 13a) Operating Expenditures                                    | (CRO-1310)   | \$ 3,180.47      | \$ 5,665.78 |  |  |
| 13b) Contributions to Candidates/Political Commit              | ttees (CRO-1310)   | \$               | \$          |  |  |
| 13c) Coordinated Party Expenditures                            | (CRO-1310)   | \$               | s           |  |  |
| 14) Aggregated Non-Media Expenditures                          | (CRO-1315)   | \$               | \$          |  |  |
| 15) Loan Repayments  | (CRO-1420)   | \$               | \$          |  |  |
| 16) Refunds/Reimbursements From the Committee                  | (CRO-1320)   | \$               | \$          |  |  |
| 17) In-Kind Contributions                                      | (CRO-1510)   | \$               | \$          |  |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1         | 5, 16 and 17)  | \$               | S           |  |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub | otract line 18)  | \$ 1.00          | \$ 1.00     |  |  |
| <u>ADDITIONAL INFORMATION</u>                                  |  |                  |             |  |  |
| 20) Non-Monetary Gifts Given to Other Committees               | (CRO-1330)   | \$               |             |  |  |
| 21) Outstanding Loans (incl. ones from other campaign          | ns) (CRO-1430)   | \$               |             |  |  |
| 22) Debts and Obligations owed By the Committee                | (CRO-1610)   | \$               |             |  |  |
| 23) Debts and Obligations owed To the Committee                | (CRO-1620)   | \$               |             |  |  |
| 24) Account Transfers Within the Committee                     | (CRO-1720)   | \$               |             |  |  |
| 25) Administrative Support                                     | (CRO-1710)   | \$               | \$          |  |  |
| 26) Forgiven Loans   | (CRO-1440)   | \$               | \$          |  |  |
| 27) 48-Hour Notice Reports Sum                                 | (CRO-2220)   | \$               | \$          |  |  |
| 28) Contributions to be Refunded                               | (CRO-1215)   | \$               | \$          |  |  |

| Contri   | butions fror                       | n Individuals            |             | Pg                        | _1 of              | 2_             | Yes        | No No |
|--|------------------------------------|--------------------------|-------------|---------------------------|--------------------|----------------|------------|-------|
|  |                                    |                          |             | or contributions unde     | r \$50 if form CRO | O 1205 is not  | t used     | _     |
| 1. Comm  | ittee Full Name (                  | and Fund if applical     | ole)        |                           |                    | 2. ID Num      | ber        | 119   |
| CAMPAI   | GN TO ELECT F                      | REDERICK WILLIA          | AM CU       | TTER                      |                    |                |            |       |
|  | butor Informatio                   | CHANGE POLICE IN SECTION | $\boxtimes$ | Add Rem                   | ove                |                |            |       |
|  | ne, Mailing Address &              | & Phone                  |             | b. Job Title/Profession   |                    | d. Comments    |            |       |
|  | city, state, & zip)<br>R ADKINS    |                          |             | SALES ASSOCIAT            | E                  |                |            |       |
| The particular of the second o | RADKINS<br>RNIE FERGUSON           | J DR                     |             | c. Employer's Name/Spe    | cific Field        |                |            |       |
| Committee of the Committee of  | TON, NC 27546                      |                          |             | SAMS CLUB                 |                    |                |            |       |
| (910)417-  | -1824                              |                          |             | Secretary services of the |                    | e. Election St | um to Date |       |
|  |                                    |                          |             |                           |                    | s              | 50         |       |
| f. Prior   | g. Account Code                    | h. Form of Payment       | i. In-k     | Kind Description          | j. Date (mm/dd/yy  | yy)            | k. Amount  |       |
|  |                                    | CHECK 2083               |             |                           | 10/21/20           | 020            | s          | 50    |
|  |                                    |                          |             |                           |                    |                | \$         |       |
|  |                                    |                          |             |                           |                    |                | \$         |       |
| 3. Contri  | butor Informatio                   | on                       |             | Add Rem                   | iove               |                |            |       |
|  | ie, Mailing Address &              | & Phone                  |             | b. Job Title/Profession   |                    | d. Comments    | S          |       |
|  | city, state, & zip) Y TEASLEY      |                          |             | OWNER                     |                    |                |            |       |
| the annual statement   | EFORD ROAD, S                      | UITE C                   |             | c. Employer's Name/Spe    | ecific Field       |                |            |       |
| FAYETTEVILLE, NC 28305   |                                    |                          |             | TEALSEY AYERS             |                    |                |            |       |
| (910)323-  | -4797                              |                          |             | PUBLIC ACCOUN             | TING               | e. Election St | um to Date |       |
|  |                                    |                          |             |                           |                    | \$             | 200        |       |
| f. Prior   | g. Account Code                    | h. Form of Payment       | i. In-k     | Kind Description          | j. Date (mm/dd/yy  | yy)            | k. Amount  |       |
|  |                                    | CHECK 9097               |             |                           | 10/21/20           | 020            | \$         | 200   |
|  |                                    |                          |             |                           |                    |                | \$         |       |
|  |                                    |                          |             |                           |                    | ŵ!             | \$         |       |
|  | butor Informatio                   |                          |             | Add Rem                   | nove               |                |            |       |
|  | ne, Mailing Address &              | & Phone                  |             | b. Job Title/Profession   |                    | d. Comments    | S          |       |
|  | city, state, & zip)<br>ARY SMEDILE |                          |             | +                         |                    |                |            |       |
| AND DESCRIPTION OF THE PROPERTY.   | /E STREET                          |                          |             | c. Employer's Name/Spe    | ecific Field       | -              |            |       |
| ANDOV  | ER, MA 01845                       |                          |             |                           |                    |                |            |       |
|  |                                    |                          |             |                           |                    | e. Election St |            |       |
| f. Prior   | g. Account Code                    | h. Form of Payment       | Lini        | Kind Description          | j. Date (mm/dd/yy  | \$             | k. Amount  |       |
|  | g. Account Code                    |                          | 1, 111-1    | And Description           |                    |                |            | 150   |
|  |                                    | CHECK 7767               |             |                           | 10/20/             | 20             | \$         | 150   |
|  |                                    |                          |             |                           |                    | *****          | \$         |       |
|  |                                    |                          |             |                           |                    |                | \$         |       |
| 4. Total only this Page  |                                    |                          |             |                           | \$                 |                | 400        |       |
| 5. Total of ALL CRO-1210 Pages   |                                    |                          |             |                           | \$                 | ž.             | 2,166.78   |       |

(This line must be on line 6 of Detailed Summary Page CRO-1100)

|                        |                       | n Individuals<br>vidual contributions o | ver \$50      | Pg<br>or contributions unde  | _2 of<br>er \$50 if form CR | <u>2</u><br>O 1205 is no |            | ent<br>es 🛭 No |
|------------------------|-----------------------|---|---------------|--|-----------------------------|--------------------------|------------|----------------|
| 1. Comm                | ittee Full Name (     | and Fund if applicat                    | ole)          |  |                             | 2. ID Nun                | ıber       |                |
| CAMPAI                 | GN TO ELECT F         | REDERICK WILLIA                         | M CU          | TTER   |                             |                          |            |                |
| 3. Contri              | butor Informatio      | m                                       | X             | Add 🗌 Ren  | nove                        |                          |            |                |
| a. Full Nan            | ıe, Mailing Address & | & Phone                                 |               | b. Job Title/Profession  |                             | d. Comments              |            |                |
| (include               | city, state, & zip)   |   |               | FINANCIAL ADV  | ISOR                        | PERSON                   | AL DEPO    | SIT            |
| FREDER                 | ICK W CUTTER          |   |               |  |                             | TO COV                   | ER ACCO    | UNTING         |
| 8318 UM                | STEAD DR              |   |               | c. Employer's Name/Sp  | FEE ANI                     | BALAN                    | CE         |                |
| FAYETTEVILLE, NC 28304 |                       |   | SELF-EMPLOYED | )  | REQUIR                      | EMENT (I                 | 3ANK)      |                |
|                        |                       |   |               | FINANCIAL ADV  | ISOR                        | e. Election S            | um to Date |                |
|                        |                       |   |               |  |                             | \$                       | 1,766.78   | }              |
| f. Prior               | g. Account Code       | h. Form of Payment                      | i. In-K       | Kind Description   | j. Date (mm/dd/yy           | yy)                      | k. Amour   | it             |
|                        |                       | TRANSFER                                |               |  | 12/29/2                     | 020                      | s          | 1,765.78       |
|                        |                       | COUNTER                                 |               |  | 12/29/2                     | 2020                     | \$         | 1.00           |
|                        |                       |   |               |  |                             |                          | \$         |                |
| 10,000,000,000,000     | butor Informatio      |   |               | Add Ren  | nove                        |                          |            |                |
|                        | ie, Mailing Address & | & Phone                                 |               | b. Job Title/Profession  |                             | d. Commen                | ts         |                |
| (include               | city, state, & zip)   |   |               |  |                             |                          |            |                |
|                        |                       |   |               |  |                             |                          |            |                |
|                        |                       |   |               | c. Employer's Name/Sp  | ecilic Field                | _                        |            |                |
|                        |                       |   |               |  |                             | FD 41 6                  |            |                |
|                        |                       |   |               |  |                             | e. Election S            | um to Date |                |
|                        |                       |   |               |  |                             | \$                       |            |                |
| f. Prior               | g. Account Code       | h. Form of Payment                      | i. In-k       | Lind Description   | j. Date (mm/dd/yy           | /yy)                     | k. Amoui   | ıt             |
|                        |                       |   |               |  |                             |                          | \$         |                |
|                        |                       |   |               |  |                             |                          | \$         |                |
|                        |                       |   |               | dada ay sana ay ay   |                             |                          | \$         |                |
|                        | butor Informatio      |   |               | Service and the service of the servi | nove                        | <b>-</b>                 |            |                |
|                        | ie, Mailing Address & | & Phone                                 |               | b. Job Title/Profession  |                             | d. Commen                | ts         |                |
| (include               | city, state, & zip)   |   |               |  |                             |                          |            |                |
|                        |                       |   |               | c. Employer's Name/Sp  | ecific Field                |                          |            |                |
|                        |                       |   |               |  |                             |                          |            |                |
|                        |                       |   |               |  | e. Election S               | Sum to Date              |            |                |

|            |  |                                      |                        |                   | C. EICCHOIL | Sum to Date |          |
|------------|--|--------------------------------------|------------------------|-------------------|-------------|-------------|----------|
|            |  |                                      |                        |                   | \$          |             |          |
| f, Prior   | g. Account Code                          | h. Form of Payment                   | i. In-Kind Description | j. Date (mm/dd/yy | уу)         | k. Amoun    | t        |
|            |  |                                      |                        |                   |             | \$          |          |
|            |  |                                      |                        |                   |             | \$          |          |
|            |  |                                      |                        |                   |             | \$          |          |
| 4. Tota    | ıl only this Pag                         | ge                                   |                        |                   | \$          | •           | 1,766.78 |
| THE PERSON | al of ALL CRC<br>ne must be on line 6 of | )-1210 Pages Detailed Summary Page ( | CRO-1100)              |                   | \$          |             | 2,166.78 |

| D | : - | L. |   |     |    |     |    | ts   |  |
|---|-----|----|---|-----|----|-----|----|------|--|
| ы | ИS  | D  | u | rs: | en | 116 | en | IIS. |  |

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|                         | DELECT FREDERI   |  | UTTER   |                  | 2. ID Number   |  |  |
|-------------------------|--|--|---|------------------|--|--|--|
| 3. Type of Disbu        |  |  | OTTER<br>RO-1310 forms for each ty                                | ne of Dichnessus | mi)  |  |  |
| 3. Type of Disbu        |  | AZERSKI PREPARENCE NA PROPERTY | <i>KO-1310 forms for each ty</i><br>ididates/Political Committees |                  | rdinated Party Expenditures                          |  |  |
| 4. Payee Inform         |  | Contributions to Can   | Add   | Remove           | nay Experiences                                      |  |  |
| a. Full Name, Mailin    |  | M  | b. Coordinated Committee Na                                       |                  | d, Comments  |  |  |
| (include city, state, & | -  |  |   |                  |  |  |  |
| FACEBOOK                | -: -: 17   |  |   |                  |  |  |  |
| 1112220011              |  |  | c. Level Registered (Specify)                                     |                  |  |  |  |
|                         |  |  | Federal   | County:          |  |  |  |
|                         |  |  | State   | Municipality:    | e. Election Sum to Date                              |  |  |
|                         |  |  |   |                  | \$ 615.46  |  |  |
| f. Account Code         | g. Form of Payment   | h, Purpose Code  | i. Date (mm/dd/yyyy)  | j. Amount        | k. Required Remarks                                  |  |  |
|                         |  | A  |   |                  | FACEBOOK ADS   |  |  |
|                         | DEBIT CARD   | Α  | 10/19/2020  | \$250.00         |  |  |  |
|                         | DEBIT CARD   | A  | 11/01/2020  | \$365.46         | FACEBOOK ADS   |  |  |
| 4, Payee Inform         | ation  | Ø  | Add   | Remove           |  |  |  |
| ,                       | ng Address & Phone   |  | b, Coordinated Committee Na                                       |                  | d. Comments  |  |  |
| (include city, state,   | · ·  |  |   |                  |  |  |  |
| MCDONALDS               |  |  |   |                  |  |  |  |
| 6779 RAEFORD RD         |  |  | c. Level Registered (Specify)                                     |                  |  |  |  |
| FAYETTEVILL             | LE, NC 28303   |  | Federal   | County:          |  |  |  |
|                         |  |  | State   | Municipality:    | e. Election Sum to Date                              |  |  |
|                         |  |  |   |                  | \$ 24.32   |  |  |
| f. Account Code         | g. Form of Payment   | h, Purpose Code  | i, Date (mm/dd/yyyy)  | j. Amount        | k. Required Remarks                                  |  |  |
|                         | DEBIT CARD   | 0  | 10/26/2020  | \$24.32          | FOOD FOR POLL  |  |  |
|                         | DEBIT CARD   |  | 10/20/2020  | Ψ27.J2           | VOLUNTEERS   |  |  |
|                         |  |  |   | \$               |  |  |  |
| 4. Payee Inform         | ation  |  | Add   | Remove           |  |  |  |
|                         | ng Address & Phone   |  | b. Coordinated Committee Na                                       | ame              | d. Comments  |  |  |
| (include city, state,   |  |  |   |                  |  |  |  |
| UP & COMINC             |  |  |   |                  | 1  |  |  |
|                         |  |  | c. Level Registered (Specify)                                     |                  | -  |  |  |
|                         |  |  | Federal   | County:          |  |  |  |
|                         |  |  | State   | Municipality:    | e. Election Sum to Date                              |  |  |
|                         |  |  |   |                  | \$ 150.00  |  |  |
| f. Account Code         | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)  | j. Amount        | k. Required Remarks                                  |  |  |
|                         | DEBIT CARD   | A  | 10/29/2020  | \$150.00         | PRINTED MEDIA  |  |  |
|                         |  |  |   | \$               |  |  |  |
| 5. Total only th        | is Page  | 1  | 1   | _                | \$ 789.78  |  |  |
|                         | CRO-1310 Pages   |  |   |                  |  |  |  |
|                         | (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  \$ 3,180.47      |  |   |                  |  |  |  |
| (This line goes in      | (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) |  |   |                  |  |  |  |
|                         | (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)       |  |   |                  |  |  |  |
|                         | les (List detailed ex  |  |   |                  |  |  |  |
| A* - Media              | B* - Printing  | C* - Fun   |   | D - To Anoth     | er Candidate<br>g Public Office Expenses             |  |  |
| E - Salaries            | F* - Equipment<br>J - Penalties  |  |   |                  | g Public Office Expenses<br>on to Legal Expense Fund |  |  |
| O* - Other              | 1 105/46   |  |   |                  |  |  |  |
| * Codes requir          | * Codes require detailed explanation in required remarks field (k)                                     |  |   |                  |  |  |  |

| TY:  | . h., | rsem | anta |
|------|-------|------|------|
| 1713 | SDU   | rsem | enis |

Pg

of 4

 $\boxtimes$ 

Amendment

No

Yes Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|                                     | ull Name (and Fund   |                    |                                     |   | 2. ID Number                 |  |  |  |
|-------------------------------------|--|--------------------|-------------------------------------|---|------------------------------|--|--|--|
| CAMPAIGN TO                         | DELECT FREDER  | ICK WILLIAM C      | UTTER                               |   |                              |  |  |  |
| 3. Type of Disbu                    | irsement <i>(Plea</i>  | se use separate C  | RO-1310 forms for each ty           | pe of Disbursem   | ent.)                        |  |  |  |
| Operating E                         |  |                    | didates/Political Committees        |   | ordinated Party Expenditures |  |  |  |
| 4. Payee Inform                     | ation  | ×                  | Add                                 | Remove  |                              |  |  |  |
|                                     | ng Address & Phone   |                    | b. Coordinated Committee Na         |   | d. Comments                  |  |  |  |
| (include city, state,               | =  |                    |                                     |   |                              |  |  |  |
| FACEBOOK                            | 24//   |                    |                                     |   |                              |  |  |  |
|                                     |  |                    | c. Level Registered (Specify)       |   |                              |  |  |  |
|                                     |  |                    | Federal                             | County:   |                              |  |  |  |
|                                     |  |                    |                                     | Bl. d. G B.   |                              |  |  |  |
|                                     |  |                    | State                               | Municipality:   | e. Election Sum to Date      |  |  |  |
|                                     |  |                    |                                     |   | \$ 32.14                     |  |  |  |
|                                     |  | 1. D               |                                     |   |                              |  |  |  |
| f. Account Code                     | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks          |  |  |  |
|                                     | DEBIT CARD   | A                  | 11/3/2020 \$32.14                   |   | FACEBOOK ADS                 |  |  |  |
|                                     |  |                    |                                     | <b>400</b> 111  |                              |  |  |  |
|                                     |  |                    |                                     | \$  |                              |  |  |  |
|                                     |  |                    |                                     |   |                              |  |  |  |
| 4. Payee Inform                     |  |                    | Add                                 | Remove  |                              |  |  |  |
| a. Full Name, Mailir                | ng Address & Phone   |                    | b. Coordinated Committee Na         | me  | d. Comments                  |  |  |  |
| (include city, state,               | & zip)   |                    |                                     |   |                              |  |  |  |
| CIRCLE K                            |  |                    |                                     |   |                              |  |  |  |
| 7910 RAEFORD RD                     |  |                    | c. Level Registered (Specify)       |   |                              |  |  |  |
| FAYETTEVILL                         | .E. NC 28304   |                    | Federal                             | County:   |                              |  |  |  |
|                                     |  |                    | State                               | Municipality:   | e. Election Sum to Date      |  |  |  |
|                                     |  |                    |                                     | manoipanty.   | CI DICCION SIIII TO DAIC     |  |  |  |
|                                     |  |                    |                                     |   | \$ 21.00                     |  |  |  |
| f. Account Code                     | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks          |  |  |  |
|                                     | DEDIT GARD   |                    | 10/01/0000                          | 201.00  | FUEL TO POLL                 |  |  |  |
|                                     | DEBIT CARD   | O                  | 10/31/2020                          | \$21.00   | LOCATIONS                    |  |  |  |
|                                     |  |                    |                                     |   |                              |  |  |  |
|                                     |  |                    |                                     | \$  |                              |  |  |  |
| 4. Payee Inform                     | ation  | X                  | Add                                 | Remove  |                              |  |  |  |
|                                     | ng Address & Phone   |                    | b. Coordinated Committee Na         |   | d. Comments                  |  |  |  |
| (include city, state,               |  |                    | Bi Coortinated Committee it         |   | a. Commens                   |  |  |  |
| BURGER KINC                         |  |                    |                                     |   |                              |  |  |  |
|                                     |  |                    | 1 10 10 10                          |   |                              |  |  |  |
| 7011 RAEFORI                        |  |                    | c. Level Registered (Specify)       |   |                              |  |  |  |
| FAYETTEVILL                         | LE, NC 28304   |                    | Federal                             | County:   |                              |  |  |  |
|                                     |  |                    | State                               | Municipality:   | e. Election Sum to Date      |  |  |  |
|                                     |  |                    |                                     |   | \$ 41.08                     |  |  |  |
| f. Account Code                     | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks          |  |  |  |
| Witten Cour                         | ger or morray mean   | •                  | n zac (min da yyyy                  | J. A. Inounc  | FOOD FOR POLL                |  |  |  |
|                                     | DEBIT CARD   | О                  | 11/03/2020                          | \$41.08   | l :                          |  |  |  |
|                                     |  |                    |                                     |   | VOLUNTEERS                   |  |  |  |
|                                     |  |                    |                                     | \$  |                              |  |  |  |
| 5. Total only thi                   | s Page   |                    |                                     |   | \$ 94.22                     |  |  |  |
|                                     | CRO-1310 Pages   |                    |                                     |   | Ψ 77.22                      |  |  |  |
|                                     |  | usary Page CRA-11A | 0 if Operating Expenses)            | er e dans e e desegra (1900) de de de 1900 de<br>La composição de la composição de 1900 |                              |  |  |  |
|                                     | •  |                    | o if Contrib to Candidates/Politics | al Comm)  | \$ 3,180.47                  |  |  |  |
| •                                   | •  | ~                  | =                                   |   |                              |  |  |  |
|                                     | (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) |                    |                                     |   |                              |  |  |  |
|                                     | A* - Media B* - Printing C* - Fundraising D - To Another Candidate   |                    |                                     |   |                              |  |  |  |
| A^ ~ Niedia<br>E - Salaries         | B* - Frinting<br>F* - Equipment  |                    | · ·                                 |   | Public Office Expenses       |  |  |  |
|                                     |  |                    |                                     |   | n to Legal Expense Fund      |  |  |  |
| O* - Other                          | o renances   | K - Olli           | со пиреносо                         | S a Donution  | it to negai expense runa     |  |  |  |
| and the contract of the contract of | e detailed explanat  | ion in required r  | emarks field (k)                    |   |                              |  |  |  |

Disbursements

Amendment

| Dispursements  | Pø           | 3       | of 4            |                     | Yes | $\boxtimes$ | No  |
|--|--------------|---------|-----------------|---------------------|-----|-------------|-----|
| Use this form to report expenditures from the committee for; operating | exnenses     | -contri | hutions to cand | اسا<br>idate/noliti | cal |             | .10 |
| committees and coordinated party expenditures.                         | , emperious, | Contin  | outions to cana | idate/ponti         | cai |             |     |

| 1. Committee Full Name (and Fund if applicable) 2. ID Number   |  |                    |                               |  |                              |  |  |  |
|--|--|--------------------|-------------------------------|--|------------------------------|--|--|--|
| A CONTRACTOR OF THE CONTRACTOR | O ELECT FREDER   |                    |                               |  |                              |  |  |  |
| 3. Type of Disb  |  | se use separate C  | RO-1310 forms for each t      | ype of Disbursem   | ent.)                        |  |  |  |
| Operating E  |  |                    | ndidates/Political Committees |  | ordinated Party Expenditures |  |  |  |
| 4. Payee Inform  |  | $\square$          | Add                           | Remove   |                              |  |  |  |
| a. Full Name, Maili  | ng Address & Phone   |                    | b. Coordinated Committee Na   | ame  | d. Comments                  |  |  |  |
| (include city, state,  |  |                    |                               |  |                              |  |  |  |
|  | ERS CPAS PLLC  |                    |                               |  |                              |  |  |  |
| 2513 RAEFOR  |  |                    | c. Level Registered (Specify) |  |                              |  |  |  |
| FAYETTEVILI  | LE, NC 28305   |                    | Federal                       | County:  |                              |  |  |  |
|  |  |                    | State                         | Municipality:  | e. Election Sum to Date      |  |  |  |
|  |  |                    |                               |  | S                            |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |                    |                               |  | 3                            |  |  |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/yyyy)          | j. Amount  | k. Required Remarks          |  |  |  |
|  | CHECK  | K                  | 12/29/2020                    | \$1,800.00   | NCBOE REPORTS                |  |  |  |
|  | Onbott   | 11,                | 12/27/2020                    | \$1,800.00   | & ACCOUNTING                 |  |  |  |
|  |  |                    |                               | S  |                              |  |  |  |
|  |  |                    |                               |  |                              |  |  |  |
| 4. Payee Inform  |  |                    | Add                           | Remove   |                              |  |  |  |
|  | ng Address & Phone   |                    | b. Coordinated Committee Na   | ame  | d. Comments                  |  |  |  |
| (include city, state,  |  |                    |                               |  |                              |  |  |  |
| JAZMYN SHR   |  |                    |                               |  |                              |  |  |  |
| 8318 UMSTEA  |  |                    | c. Level Registered (Specify) |  |                              |  |  |  |
| FAYETTEVILI  | LE, NC 28304   |                    | Federal                       | County:  |                              |  |  |  |
|  |  |                    | State                         | Municipality:  | e. Election Sum to Date      |  |  |  |
|  |  |                    |                               |  | \$                           |  |  |  |
|  |  |                    |                               | <b>1</b>   | Ф                            |  |  |  |
| f. Account Code  | g. Form of Payment   | h, Purpose Code    | i. Date (mm/dd/yyyy)          | j. Amount  | k. Required Remarks          |  |  |  |
|  | CASH   | 0                  | 11/2/2/22                     | \$100.00   | CAMPAIGN                     |  |  |  |
|  |  |                    | 11/03/2020                    | \$100.00   | VOLUNTEER                    |  |  |  |
|  |  |                    |                               | S  |                              |  |  |  |
| ng Pagan rang Sanaya, taon daga sa   |  |                    |                               |  |                              |  |  |  |
| 4. Payee Inform  |  |                    | Add                           | Remove   |                              |  |  |  |
|  | ng Address & Phone   |                    | b. Coordinated Committee Na   | ıme  | d. Comments                  |  |  |  |
| (include city, state,  |  |                    |                               |  |                              |  |  |  |
| JAHANNA CO   |  |                    |                               |  |                              |  |  |  |
| 8318 UMSTEA  |  |                    | c. Level Registered (Specify) |  |                              |  |  |  |
| FAYETTEVILI  | LE, NC 28304   |                    | Federal                       | County:  |                              |  |  |  |
|  |  | }                  | State                         | Municipality:  | c. Election Sum to Date      |  |  |  |
|  |  |                    |                               |  | \$                           |  |  |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/yyyy)          | j. Amount  | le Doguland Domonles         |  |  |  |
|  |  |                    | . L. L.                       | 3. Amount  | k. Required Remarks CAMPAIGN |  |  |  |
|  | CASH   | O                  | 11/n3/2027                    | \$150.00   | VOLUNTEER                    |  |  |  |
|  |  |                    | 170710000                     |  | VOLUNTEER                    |  |  |  |
|  |  |                    |                               | \$   |                              |  |  |  |
| 5. Total only thi  | s Page   |                    | ·                             | J .  | \$ 2,050.00                  |  |  |  |
|  | CRO-1310 Pages   |                    |                               |  | 2,030.00                     |  |  |  |
|  | line 13a of Detailed Sum   | mary Page CRO-1100 | ) if Operating Expenses)      | Control (C) (C) and the second of the second |                              |  |  |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  \$ 3,180.47  |  |                    |                               |  |                              |  |  |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |  |                    |                               |  |                              |  |  |  |
|  | es (List detailed exp  |                    |                               |  |                              |  |  |  |
| A* - Media B* - Printing C* - Fundraising D - To Another Candidate   |  |                    |                               |  |                              |  |  |  |
| E - Salaries   | F* - Equipment   |                    | Public Office Expenses        |  |                              |  |  |  |
|  | I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund |                    |                               |  |                              |  |  |  |
| O* - Other   |  |                    |                               | os designativis Salas dilama es e  |                              |  |  |  |
| Coues requir   | e detailed explanati   | on in required re  | marks held (K)                |  |                              |  |  |  |

Disbursements

Pg 4 of 4 Yes No

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)

|                                       | O ELECT FREDER   |                     | ~!!TTCD                            |               | 2. ID Number                 |
|---------------------------------------|--|---------------------|------------------------------------|---------------|------------------------------|
| 3. Type of Disb                       | and the first of the company of the contract o |                     | CR <b>O-1310 forms for each 1</b>  |               |                              |
| Operating F                           |  | Contributions to Ca | andidates/Political Committees     |               | ordinated Party Expenditures |
| 4. Payee Inform                       |  |                     | Add                                | Remove        | ordinated Party Expenditures |
| a. Full Name, Mail                    | ling Address & Phone   |                     | b. Coordinated Committee N         |               | d. Comments                  |
| (include city, state,                 |  |                     |                                    |               | u. Comments                  |
|                                       | NAL MINUTE PRE   | SS                  |                                    |               |                              |
| 1005 ARSENA                           | LAVE   |                     | c. Level Registered (Specify)      |               | -                            |
| FAYETTEVIL                            | LE, NC 28305   |                     | Federal                            | County:       | 1                            |
|                                       |  |                     | State                              | Municipality: | e. Election Sum to Date      |
|                                       |  |                     |                                    |               |                              |
|                                       |  |                     |                                    |               | \$ 1,631.78                  |
| f. Account Code                       | g. Form of Payment   | h. Purpose Code     | i. Date (mm/dd/yyyy)               | j. Amount     | k. Required Remarks          |
|                                       | DEBIT CARD   | В                   | 11/03/2020                         | \$246.47      | PRINTED MEDIA                |
|                                       |  |                     | 11/03/2020                         | 3240.47       |                              |
|                                       |  |                     |                                    | \$            |                              |
| 4 D                                   |  |                     |                                    |               |                              |
| 4. Payee Inform                       |  |                     | Add                                | Remove        |                              |
| a. Full Name, Mailing Address & Phone |  |                     | b. Coordinated Committee N         | ame           | d. Comments                  |
| (include city, state,                 | & zip)   |                     | -                                  |               |                              |
|                                       |  |                     | - 1 - 1 D 1 ( 3 (C) 10 )           |               | -                            |
|                                       |  |                     | c. Level Registered (Specify)      |               | -                            |
|                                       |  |                     | Federal                            | County:       |                              |
|                                       |  |                     | State                              | Municipality: | e. Election Sum to Date      |
|                                       |  |                     |                                    |               | \$                           |
| f. Account Code                       | g. Form of Payment   | h. Purpose Code     | i. Date (mm/dd/yyyy)               | j. Amount     | k. Required Remarks          |
|                                       |  |                     |                                    | \$            |                              |
|                                       |  |                     |                                    | \$            |                              |
| 4. Payee Inform                       | agtion   |                     | Add                                |               |                              |
|                                       | ing Address & Phone  |                     | b. Coordinated Committee Na        | Remove        | 1.6                          |
| (include city, state,                 |  |                     | 5. Cool dinated Committee 14       | Ame           | d. Comments                  |
| (include city, state)                 | <u>u ziji)</u>   |                     | 1                                  |               |                              |
|                                       |  |                     | c. Level Registered (Specify)      |               |                              |
|                                       |  |                     | Federal                            | County:       |                              |
|                                       |  |                     | State                              | Municipality: | e. Election Sum to Date      |
|                                       |  |                     |                                    | memerpany,    | C. Election Sum to Date      |
|                                       |  |                     |                                    |               | \$                           |
| f. Account Code                       | g. Form of Payment   | h. Purpose Code     | i. Date (mm/dd/yyyy)               | j. Amount     | k. Required Remarks          |
|                                       |  |                     |                                    |               |                              |
|                                       |  |                     |                                    | \$            |                              |
|                                       |  |                     |                                    | \$            |                              |
| 5 Total cultists                      | <br> - D-  |                     |                                    | _ *           |                              |
| 5. Total only the                     | CRO-1310 Pages   |                     |                                    |               | \$ 246.47                    |
|                                       | line 13a of Detailed Sun   | ungen Paga CRO, 110 | 0 if Operating Evacueur)           |               |                              |
|                                       |  |                     | o if Contrib to Candidates/Politic | ed Commi      | \$ 3,180.47                  |
|                                       |  |                     | 0 if Coordinated Party Expenditu   |               |                              |
|                                       | es (List detailed ex   |                     |                                    | resj          |                              |
| A* - Media                            | B* - Printing  | C* - Fund           |                                    | D - To Anothe | er Candidate                 |
| E - Salaries                          | F* - Equipment   |                     |                                    |               | Public Office Expenses       |
| 1 - Postage                           | J - Penalties  |                     | ce Expenses                        |               | n to Legal Expense Fund      |
| O* - Other                            | P. S. D. Santonia and Control of  |                     | •                                  |               | and Logar Superior Vand      |
| * Codes requir                        | e detailed explanati   | on in required re   | emarks field (k)                   |               |                              |